

Ending Rheumatic Heart Disease: Queensland First Nations Strategy 2021-2024 at a glance....

Vision

Ending rheumatic heart disease in Queensland
and achieving health equity for First Nations people

Aim

A strengthened, integrated, equitable, whole of system response, capable of prevention, early detection, diagnosis, treatment and management of acute rheumatic fever and rheumatic heart disease across Queensland

Five Key Priority Areas of the Strategy

The Queensland First Nations Rheumatic Heart Disease Alliance will provide oversight of the Strategy. An implementation plan will be developed in partnership, according to available resource. It will be underpinned by the National Agreement on Closing the Gap 2020: Priority Reforms [4] and the Queensland Health Equity Legislation [5] and design principles [6]. Implementation will be achieved collaboratively through partnered Regional Action Plans supported by a Regional Health System Dashboard.

Aboriginal and Torres Strait Islander Leadership

Strengthen the skills, capacity and leadership within the Aboriginal and Torres Strait Islander health workforce to maximise primary and secondary prevention of ARF and RHD

Community-based programs

With partners and community, develop place-based, sustainable and scalable person and community centric solutions guided by an evidence based approach

Healthy Environments and Primordial Prevention

Integrate services and responses across Government for First Nations Peoples, specifically housing and health, and inclusive of the Queensland Aboriginal and Torres Strait Islander Environmental Health Plan

Early Prevention

With partners and community implement comprehensive sore throat and skin programs, including health promotion, community empowerment, and improvement of primary healthcare processes including clinician training

Effective care and support for all those living with ARF/RHD in Queensland

Increase access to effective care as per the Australian Guideline [3], close to home, within clinically recommended timeframes, focusing on secondary prevention and applying a holistic, familial approach

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Headline Outcomes, Deliverables and Measures of Success

Outcome: An increase in the number and type of primary and secondary prevention of ARF and RHD that include the Aboriginal and Torres Strait Islander health workforce across all professions

Deliverable: A First Nations health workforce plan for ARF and RHD that will enable clinical practice and leadership to maximise ARF and RHD response

What does success look like: An increased number of First Nations staff working in and leading the primary and secondary response to ARF and RHD.

Outcome: Empowered and supported communities implementing culturally relevant elimination activities aligned to local priorities [1]

Deliverable: Working in partnership to initiate First Nations led community development to inform local place-based solutions

What does success look like: Increased community engagement, capacity and resource to enable and empower grass roots solutions

Outcome: Communities at higher risk are engaged and have increased capacity for the nine Healthy Living Practices [18] supported by an integrated whole of government response.

Deliverable: Networks and partnerships in place to enhance the integrated response

What does success look like: Regional Action Plans have the necessary partnerships in place to enable an integrated health, environmental and housing response

Outcome: First Nations peoples in communities at higher risk seek care and receive appropriate treatment for sore throats and skin sores, with community-level understanding and action in place to support this

Deliverable: Sore throat and skin programs in ten communities at higher risk where the scope is determined in partnership with local community stakeholders

What does success look like: Skin and sore throat programs in place that have been developed with community

Outcome: Better health outcomes for First Nations people living with ARF and RHD inclusive of a reduction in the cardiovascular burden of RHD disease and in the number of First Nations young people lost to healthcare follow-up

Deliverable: Building on the work of the Action Plan 2018-2021 to further transform care through increased statewide implementation of innovative and sustainable ARF and RHD models of cardiac care. Support on the ground clinical services to improve secondary prevention strategies

What does success look like: Communities at higher risk have integrated, co-ordinated, culturally safe models of ARF and RHD care across all sectors

1. R. Wyber, K. Noonan, C. Halkon, S. Enkel, A. Ralph, A. Bowen, J. Cannon, E. Haynes, A. Mitchell, D. Bessarab, J. Katzenellenbogen, R. Seth, D. Bond-Smith, B. Currie, D. McAullay, H. D'Antoine, A. Steer, N. de Klerk, V. Krause, T. Snelling, S. Trust, R. Slade, S. Colquhoun, C. Reid, A. Brown and J. Carapetis, "The RHD Endgame Strategy: The blueprint to eliminate rheumatic heart disease in Australia by 2031," The END RHD Centre of Research Excellence, Telethon Kids Institute, Perth, 2020.
3. RHD Australia, "The 2020 Australian Guideline for prevention, diagnosis and management of acute rheumatic fever and rheumatic heart disease (3rd Ed.)," 2020.
4. Australian Government, 2020, <<https://www.closingthegap.gov.au/national-agreement/priority-reforms>> accessed 8 September 2021.
5. Queensland Government, 2021 Hospital and Health Boards (Health Equity Strategies) Amendment Regulation 2021 <<https://www.legislation.qld.gov.au/view/html/asmade/sl-2021-0034>> accessed 8 October 2021
6. Queensland Government & Queensland Aboriginal and Islander Health Council 2021 <[health-equity-discussion-paper.pdf](https://www.healthhabitat.com/what-we-do/safety-and-the-9-healthy-living-practices/)> accessed 8 August 2021.
18. <https://www.healthhabitat.com/what-we-do/safety-and-the-9-healthy-living-practices/> [Accessed 20 July 2021]